



## Complete Summary

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### TITLE

Management of type 2 diabetes mellitus: percentage of patients who have had a screen for A1c in the past six months, an annual low-density lipoprotein (LDL) test, A1c value less than 7%, LDL less than 100, blood pressure less than 130/80, who don't use tobacco and are regularly using aspirin.

### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Management of type 2 diabetes mellitus. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Nov. 80 p. [138 references]

## Brief Abstract

### DESCRIPTION

This measure assesses the percentage of patients who have had a screen for A1c in the past six months, an annual LDL test, A1c value less than 7%, low-density lipoprotein (LDL) less than 100, blood pressure less than 130/80, who don't use tobacco and are regularly using aspirin.

### RATIONALE

The priority aim addressed by this measure is to increase the percentage of patients with diabetes age 18 to 75 for whom recommended screening frequencies and ideal treatment goals are met.

### PRIMARY CLINICAL COMPONENT

Diabetes mellitus; hemoglobin A1c; low-density lipoprotein cholesterol; blood pressure; tobacco; aspirin; clopidogrel; ticlopidine

### DENOMINATOR DESCRIPTION

Patients 18 years or older with a primary, secondary, or tertiary diagnosis of diabetes (International Classification of Diseases [ICD-9] code 250.xx). Established patients with diabetes should be included. This requires both a visit in the target month AND a diabetic visit in a window of 12 to 24 months before the target month. Both types 1 and 2 are included.

### NUMERATOR DESCRIPTION

Patients with diabetes from the denominator who meet ALL of the following criteria: screen for A1c and low-density lipoprotein (LDL), A1c less than 7%, LDL less than 100, blood pressure less than 130/80, don't use tobacco and who are regularly using aspirin, clopidogrel, or ticlopidine.

## Evidence Supporting the Measure

### PRIMARY MEASURE DOMAIN

Outcome

### SECONDARY MEASURE DOMAIN

Process

### EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Management of type 2 diabetes mellitus.](#)

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Unspecified

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

#### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

#### TARGET POPULATION AGE

Age 18 to 75 years

#### TARGET POPULATION GENDER

Either male or female

#### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

Unspecified

#### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

#### BURDEN OF ILLNESS

- 75-80% of adult patients with diabetes die of macrovascular disease — specifically coronary, carotid and/or peripheral vascular disease.
- Dyslipidemia is a known risk factor for macrovascular disease.
- High triglycerides and low high-density lipoprotein (HDL) cholesterol are independent risk factors for cardiovascular disease in the patient with diabetes. Small density low-density lipoprotein (LDL) cholesterol (more atherogenic) particles are increased in type 2 diabetes, and LDL cholesterol itself may differ in people with diabetes compared with people without diabetes. Patients with diabetes develop more atherosclerosis than patients without diabetes with the same quantitative lipoprotein profiles.
- Uncontrolled hypertension is a major cardiovascular risk factor that also accelerates the progression of diabetic nephropathy.

#### EVIDENCE FOR BURDEN OF ILLNESS

Institute for Clinical Systems Improvement (ICSI). Management of type 2 diabetes mellitus. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Nov. 80 p. [138 references]

#### UTILIZATION

Unspecified

## COSTS

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Living with Illness

### IOM DOMAIN

Effectiveness

## Data Collection for the Measure

### CASE FINDING

Users of care only

### DESCRIPTION OF CASE FINDING

Patients 18 years or older with a primary, secondary, or tertiary diagnosis of diabetes (International Classification of Diseases [ICD-9] code 250.xx). Established patients with diabetes should be included. This requires both a visit in the target month AND a diabetic visit in a window of 12 to 24 months before the target month. Both types 1 and 2 are included.

It is understood that many medical groups will not have electronic access to an integrated database containing both visit data and lab data. In this case, manual identification of at least 20 members meeting the denominator definition will be necessary and the numerator data collected from the medical record.

### DENOMINATOR SAMPLING FRAME

Patients associated with provider

### DENOMINATOR (INDEX) EVENT

Clinical Condition  
Encounter

### DENOMINATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

Patients 18 years or older with a primary, secondary, or tertiary diagnosis of diabetes (International Classification of Diseases [ICD-9] code 250.xx).

Established patients with diabetes should be included. This requires both a visit in the target month AND a diabetic visit in a window of 12 to 24 months before the target month. Both types 1 and 2 are included.

Exclusions  
Unspecified

#### NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions  
Patients with diabetes from the denominator who meet ALL of the following criteria: screen for A1c and low-density lipoprotein (LDL), A1c less than 7%, LDL less than 100, blood pressure less than 130/80, don't use tobacco and who are regularly using aspirin, clopidogrel, or ticlopidine.

Exclusions  
Unspecified

#### DENOMINATOR TIME WINDOW

Time window precedes index event

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Administrative data  
Laboratory data  
Medical record

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### OUTCOME TYPE

Clinical Outcome

#### PRE-EXISTING INSTRUMENT USED

Unspecified

### Computation of the Measure

#### SCORING

Rate

## INTERPRETATION OF SCORE

Better quality is associated with a higher score

## ALLOWANCE FOR PATIENT FACTORS

Unspecified

## STANDARD OF COMPARISON

Internal time comparison

## Evaluation of Measure Properties

## EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

## ORIGINAL TITLE

Percentage of patients who have had a screen for A1c in the past six months, an annual LDL test, A1c value less than 7%, LDL less than 100, blood pressure less than 130/80, who don't use tobacco and are regularly using aspirin.

## MEASURE COLLECTION

[Management of Type 2 Diabetes Mellitus Measures](#)

## DEVELOPER

Institute for Clinical Systems Improvement

## ADAPTATION

Measure was not adapted from another source.

## RELEASE DATE

2003 Nov

## MEASURE STATUS

This is the current release of the measure.

## SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Management of type 2 diabetes mellitus. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Nov. 80 p. [138 references]

#### MEASURE AVAILABILITY

The individual measure, "Percentage of patients who have had a screen for A1c in the past six months, an annual LDL test, A1c value less than 7%, LDL less than 100, blood pressure less than 130/80, who don't use tobacco and are regularly using aspirin," is published in "Health Care Guideline: Management of Type 2 Diabetes Mellitus." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: [www.icsi.org](http://www.icsi.org); e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org).

#### NQMC STATUS

This NQMC summary was completed by ECRI on July 6, 2004.

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